

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Township of Denville County: Morris
 Employee Organization: Denville Public Works Employees' Association Employees in Unit: 30
 Base Year Contract Term: _____ New Contract Term: 1/1/2014 12/31/2017
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
<i>Item 1</i>	Salary	\$1,687,769	\$1,725,233
<i>Item 2</i>	Increment		\$50,215
<i>Item 3</i>	Longevity		\$0
<i>Item 4</i>			
<i>Item 5</i>			
<i>Item 6</i>			
<i>Item 7</i>			
<i>Item 8</i>			
<i>Item 9</i>			
<i>Item 10</i>			
<i>Item 11</i>			
<i>Item 12</i>			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column			\$1,775,451
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) _____

Effective Date (m/d/yyyy)	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>
Percent Increase	1.75	1.75	1.75	1.75
Total cost of Increase	\$18,749	\$60,218	\$52,223	\$42,090
Total base salary (successor agreement)

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 1.75
 Dollar Impact (average per year over term of agreement) \$40,820.00

Section VIHealth Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan
Employee Contributions
Prescription
Dental
Vision

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

STEVEN WARD
 Print Name: SW
 Signature

Title: TOWNSHIP ADMINISTRATOR
 Date: 6/26/2015